| RESI AVAILABLE COPY (  |  |   |  |   |              |                  |          |                   |  |      |                         |                        |
|--|--|---|--|---|--------------|------------------|----------|-------------------|--|------|-------------------------|------------------------|
|  | PATENT   |   | Application or Docket Number                     |   |              |                  |          |                   |  |      |                         |                        |
| F  | OTAL CLAUSE  | CLAIMS A                                  | S FILED<br>(Colum                                |   |              | (Column 2)       |          | SMALL ENTITY TYPE |  | OR   | OTHER THAN SMALL ENTITY |                        |
| TOTAL CLAIMS   |  |   | 17   | 17  |              | 1                | R/       | ATE               | FEE  | ]    | RATE                    | FEE                    |
| FOR  |  |   | NUMBER   | NUMBER FILED                              |              | NUMBER EXTRA     |          | BASIC FEE 355.00  |  | OR   | BASIC FEE               |                        |
| TOTAL CHARGEABLE CLAIMS                                      |  |   | <del>                                     </del> | ,   |              | 0                |          | 9=                | 1  | OR   | 100                     | _                      |
| <u> </u>   | DEPENDENT C  |   |  | ninus 3 =                                 |              |                  | X        | <b>-</b> 0=       | <b>†</b>   | OR   | X80=                    |                        |
| ML   | JLTIPLE DEPE   | NDENT CLAIM P                             | RESENT   |   |              |                  | <b>-</b> |                   | <del>                                     </del> | 1    |                         | <u> </u>               |
| • 11   | If the difference in column 1 is less than zero, enter "0" in column 2 |   |  |   |              |                  |          | 35=               | <del> </del>                                     | OR   | L                       | <u> </u>               |
|  |  |   |  |   |              |                  | TO       | TAL               |  | OR   | TOTAL                   | 710                    |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |  |   |  |   |              |                  | SM       | SMALL ENTITY      |  |      | OTHER<br>SMALL I        |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUME<br>PREVIO<br>PAID I          |              | PRESENT<br>EXTRA | RA       | TE                | ADDI-<br>TIONAL<br>FEE                           |      | RATE                    | ADDI-<br>TIONAL<br>FEE |
| ENDI   | Total  | . 15                                      | Minus  | . 2                                       | 0            | =                | X\$      | 9=                |  | OR   | X\$18=                  | <del></del>            |
| AM   | Independent  | ENTATION OF ME                            | Minus  | <u>                                  </u> | <u>&gt;</u>  | =/               | X4       | 0=                |  | OR   | X80=                    |                        |
| <u> </u>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                         |   |  |   |              |                  |          |                   | 1  |      |                         | <u> </u>               |
|  |  |   |  |   |              |                  | +13      | 5=<br>OTAL        |  | OR   | +270=                   |                        |
|  | (Column 1) (Column 2) (Column 3)                                       |   |  |   |              |                  |          | FEE               |  | OR , | TOTAL<br>ADDIT. FEE     |                        |
| 「  | 75 W.  | (Column 3)                                |  |   | *            | · f              |          |                   |  |      |                         |                        |
| DMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT           |  | NUME<br>PREVIO<br>PAID F                  | OUSLY<br>FOR | PRESENT<br>EXTRA | RAT      | LE.               | ADDI-<br>TIONAL<br>FEE                           |      | RATE                    | ADDI-<br>TIONAL<br>FEE |
| Š  | Total  | . 1/                                      | Minus  | •• ′                                      |              | =                | X\$ :    | 9=                |  | OR   | X\$18=                  |                        |
| AMEN   | Independent  | · 8                                       | Minus  | ***                                       |              | =                | X40      | <br>)=            |  |      | X80=                    |                        |
|  | FIRST PHESE  | NTATION OF MU                             | ILTIPLE DE                                       | PENDENT                                   | CLAIM        |                  |          |                   |  | OR   |                         |                        |
|  |  |   |  |   |              |                  | +13      |                   |  | OR   | +270=                   |                        |
|  |  |   |  |   |              |                  |          | FEE               |  | OR , | TOTAL<br>ADDIT. FEE     |                        |
|  |  | (Column 1) CLAIMS                         |  | (Colum                                    |              | (Column 3)       |          |                   |  |      |                         |                        |
| AENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |  | NUMB<br>PREVIO                            | BER<br>DUSLY | PRESENT<br>EXTRA | RAT      | Ε                 | ADDI-<br>TIONAL<br>FEE                           |      | RATE                    | ADDI-<br>TIONAL<br>FEE |
| ENDN   | Total  |   | Minus  | **  |              | 2                | X\$ 9    | )=                |  | OR   | X\$18=                  | <u> </u>               |
| <i>=</i> ,   | Independent  | 1.  | Minus  | ***                                       | ,            | =                |          |                   |  | -    |                         |                        |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1. ADDIT. FEE

OR

OR

X80=

+270=

TOTAL

X40=

+135=